

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/831698 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
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TOTAL IND.	4		4			
TOTAL DEP.	12		1			
TOTAL CLAIMS	16		5			

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* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS